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ABSTRACT

This guide provides an overview of practical program evaluation activities that can assist mental health centers in improving their administrative and program capabilities. Definitions of terms and assumptions are followed by an outline of the stages of the program evaluation cycle. Program evaluation activities, the roles of the administrator and evaluator, alternative ways to organize and deploy staff for program evaluation activities, and evaluator qualifications are presented. The importance of the administrator's leadership skills in creating a positive climate for program evaluation is stressed. Program monitoring is suggested as one way to create a balance between the need to improve management procedures and the need to maintain or improve the quality of client care. Additionally, various uses of evaluation findings are discussed. (Author/NRB)

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USING PROGRAM EVALUATION IN MENTAL HEALTH CENTERS

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PREFACE

The Southern Regional Education Board (SREB) was awarded a grant (Mental Health Training Grant No. 1-T15-MH14703-01) in late 1976 from the Continuing Education Branch of the National Institute of Mental Health (NIMH) to develop publications and conduct workshops to assist mental health centers in improving their management practices and their program activities through the use of practical program evaluation. A series of publications and workshops are being developed through the combined efforts of SREB staff and task force participants. Topic areas include:

- The Administrative Uses of Program Evaluation
- Practical Information Systems and Their Use in Monitoring Programs
- Outcome and Effectiveness Studies
- Assessing Needs and Setting Measurable Goals
- Cost Analyses
- Utilization Review and Peer Review
- Compliance with Standards of Federal, National and State Agencies and Organizations

The project staff conducted a survey of mental health centers and clinics in the 14 states served by SREB to determine the kinds of program evaluation activities these centers and clinics were already doing and what their preferences were for workshops in program evaluation. These responses are

being used to set priorities for project activities and develop a mailing list for publications and workshops. A strong interest in a workshop on the administrative uses of program evaluation was expressed by the respondents.

Using Program Evaluation in Mental Health Centers is designed to serve as an overview for a series of publications that will follow. Many of the ideas and suggestions expressed in this publication come from the task force members who met with us to assist in developing the content for this publication and the workshop. We thank them for their willingness to share their knowledge and experience in the everyday world of the center administrator and program evaluator as well as their expertise in management and evaluation methods. Because of their efforts, this publication represents a variety of perspectives on center administration and program evaluation. Staff, however, assumes responsibility for the content of this report including any misunderstandings resulting from translating the task force's ideas.

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Chapter I

INTRODUCTION TO ADMINISTRATIVE USES OF PROGRAM EVALUATION

The application of program evaluation activities in mental health centers has been limited. There are some remarkable sophisticated examples of certain kinds of program assessments in some centers, but generally the program assessment that is done, if done at all, tends to be used largely for formal reporting to state and federal agencies or for preparing annual reports, news releases and the like rather than to be used for management decision making and day-to-day administration of programs.

The Community Mental Health Centers Act of 1975 (PL 94-63) requires new or strengthened administrative and program structures in community mental health centers. Under this law, centers are expected to implement program evaluation and related activities in three areas: 1) quality assurance procedures; 2) self evaluation; and 3) programmatic compliance with federal requirements. Centers are also required to provide two percent of their previous year's total operating budget for financing program evaluation activities.

In response to this legislation, many centers, especially those receiving grants under the Community Mental Health Centers Act of 1975, are working toward developing appropriate program evaluation capabilities. Ideally, program evaluation activities include assessing needs for services, setting

program objectives with measurable outcome criteria, information systems, data monitoring, utilization review, peer review, standards monitoring, outcome studies (including consultation and education services), cost analyses, client satisfaction studies, and special studies. Very few mental health centers, however, have been able to actually implement this full range of program evaluation activities. A few of the larger and better financed centers can expect to achieve a high level of proficiency and sophistication in some of these activities, but it is doubtful that the average center with a total annual budget of about a million dollars can ever plan to have such elaborate program evaluation systems because of limited funds, limited expertise and limited access to technical support services. Furthermore, federally funded mental health centers are only part of the total mental health center picture. There are many mental health centers that do not receive direct grants under the Community Mental Health Centers Act but are partially funded by and operate under the regulations set by state mental health authorities. Although considerable variation exists from state to state, these centers must also provide evaluative information on program activities and the use of resources to their state mental health authorities and must comply with state requirements for mental health programs. Many of these agencies also have a need and a desire to enhance their program evaluation activities.

Several trends have made program evaluation in centers a growing necessity. General economic conditions have reduced funds available for mental health programs in many states. Grants awarded under the Community Mental Health Centers Act of 1975 require zero-based annual budgets and mandate

that centers receiving new funding make every possible effort to increase the amount of client fees and third party reimbursements collected. Additionally, since 1975 more and more centers funded under previous community mental health legislation (PL 89-105) are reaching the end of their staffing grants and are faced with the need to expand and diversify their base of funding. Often, these agencies must turn to their state mental health authority and local government for additional funding to meet the demand for services.

Some centers are now seeking accreditation by the Joint Commission on the Accreditation in Hospitals (JCAH) to increase third party reimbursements. But to meet the standards set by this organization, centers often must upgrade their existing clinical and management procedures, particularly those related to program planning, case management, quality review and program evaluation.

While the economics of center operations become more critical, the new federal amendments broaden the range of services required of mental health centers to include drug and alcohol treatment and rehabilitation, special services for the elderly and children, screening, follow-up and transitional care. Many states have followed this general model of merging mental health, drug and alcohol treatment and rehabilitation services and, in some states, mental retardation. The management skills and ingenuity of a center are taxed under these conditions. Evaluation information can prove to be useful in assisting administrators to make appropriate decisions in order to provide services within budgetary limitations.

The new legislation also requires that centers begin quality assurance procedures. (As Professional Standards Review Organizations become established, many centers will be faced with external quality assessments of their inpatient services as well.) Centers are expected to be accountable to the communities that they serve by encouraging residents of the catchment area to review center operations as depicted by evaluation findings. Centers are also expected to be responsive to citizens' suggestions for improving services.

Finally, the Health Planning and Resources Development Act of 1974 (PL 93-641) -- which created a new system of Health Systems Agencies on the local level and Statewide Health Coordinating Councils on the state level -- will influence mental health services in the coming years. Although the impact is not yet evident, this legislation incorporates mental health planning and program development under the rubric of comprehensive health, requiring that Health Systems Agencies approve or disapprove many mental health, drug abuse, and alcoholism project grants provided by the federal government.

Overall these trends indicate that mental health centers are faced with the challenge of insuring their survival by improving and strengthening their administrative and program evaluation capabilities. They must be able to provide a broad range of quality services to the community, actively pursue a more diversified funding base, communicate better internally and with their environment, and encourage the support, the participation and the constructive criticism of community groups, other human service agencies and local government. Practical program evaluation activities can produce the information

that will assist center administrators and others in making the decisions and taking the actions necessary to meet this new challenge.

PURPOSE

The purpose of this publication is to provide an overview of the ways that practical program evaluation activities can assist centers in improving their administrative and program capabilities.

In this introductory chapter, the terms and assumptions used in the publication are defined, and an outline of the stages of the program evaluation cycle is presented.

The second chapter describes the program evaluation activities that are a part of the outline and the roles of the administrator and the evaluator in conducting evaluation activities. It is suggested that the reader refer to the subsequent publications produced by this project and other references for more detailed descriptions of various evaluation methodologies and instruments.

The third chapter presents alternative ways to organize and deploy staff for program evaluation activities. It is our position that management functions should support and facilitate the delivery of mental health services and that program evaluation is a part of these management functions, not primarily a research activity. Because of limited resources, small centers and clinics may not be able to employ a full-time program evaluator but must assign evaluation responsibilities to a multi-purpose unit or to staff members who carry other duties as well. The desirable skills and

training of an evaluator include a broad range of technical and interpersonal skills seldom possessed by one individual. Therefore, the actual selection of an evaluator depends largely on the priorities set by a center's management and the skills of the existing staff. The evaluator should be a member of the center's management team who maintains good working relationships with clinical and administrative staff and has the flexibility to be able to perform a wide variety of tasks.

In the final chapter, the importance of the leadership skills of the center's administrator in creating a positive climate for program evaluation is stressed. One of the most significant issues involved in beginning program evaluation activities is seeking a balance between the need to improve management procedures and the need to maintain or improve the quality of care provided to clients. Program monitoring assists in creating this balance by detecting variations in program activities that suggest immediate action or further study. Evaluation findings drawn from monitoring reports and special studies provide useful information for planning center activities and assisting governing boards in making policy decisions. The review of evaluation findings by community groups encourages feedback regarding their suggestions for modifying the mental health services and may prompt individuals and agencies in the community to offer resources that will aid the center in meeting these suggestions.

DEFINITIONS

Many of these definitions were adapted from the SREB publication, Definition of Terms in Mental Health, Alcohol Abuse, and Mental Retardation.[1]

Program Evaluation

A type of applied research in which program process and outcome characteristics are related explicitly to a set of values, such as goals, objectives and costs.[2] In addition, evaluation identifies the problems and the side effects present in program activities.

Program Evaluation is Based on Comparison

Program evaluation compares actual operations against a norm, standard or criterion. These standards of comparison vary depending on the values of the person doing the evaluating and the anticipated uses of the findings. A center's management team sometimes sets different criteria for making judgments about a program than those set by funding agencies or community groups. Therefore, it is important to be clear and explicit about the values and criteria being used.

Working Definition of the Program Evaluation Process

A systematic set of data collection and analysis activities undertaken to determine the value of a program. This information is used to aid management, program planning, staff training, public accountability and promotion.[3]

Function of Program Evaluation

Program evaluation is a management subspecialty. Its purpose is to provide administrators with information to 1) determine at periodic intervals whether the activities and the use of resources are reaching established objectives; and 2) make changes in activities or the use of resources based on reasonable judgments about efforts, effectiveness, efficiency, appropriateness and comparative value of options to assure that objectives are met at reasonable costs.

Cyclical Stages of Program Evaluation

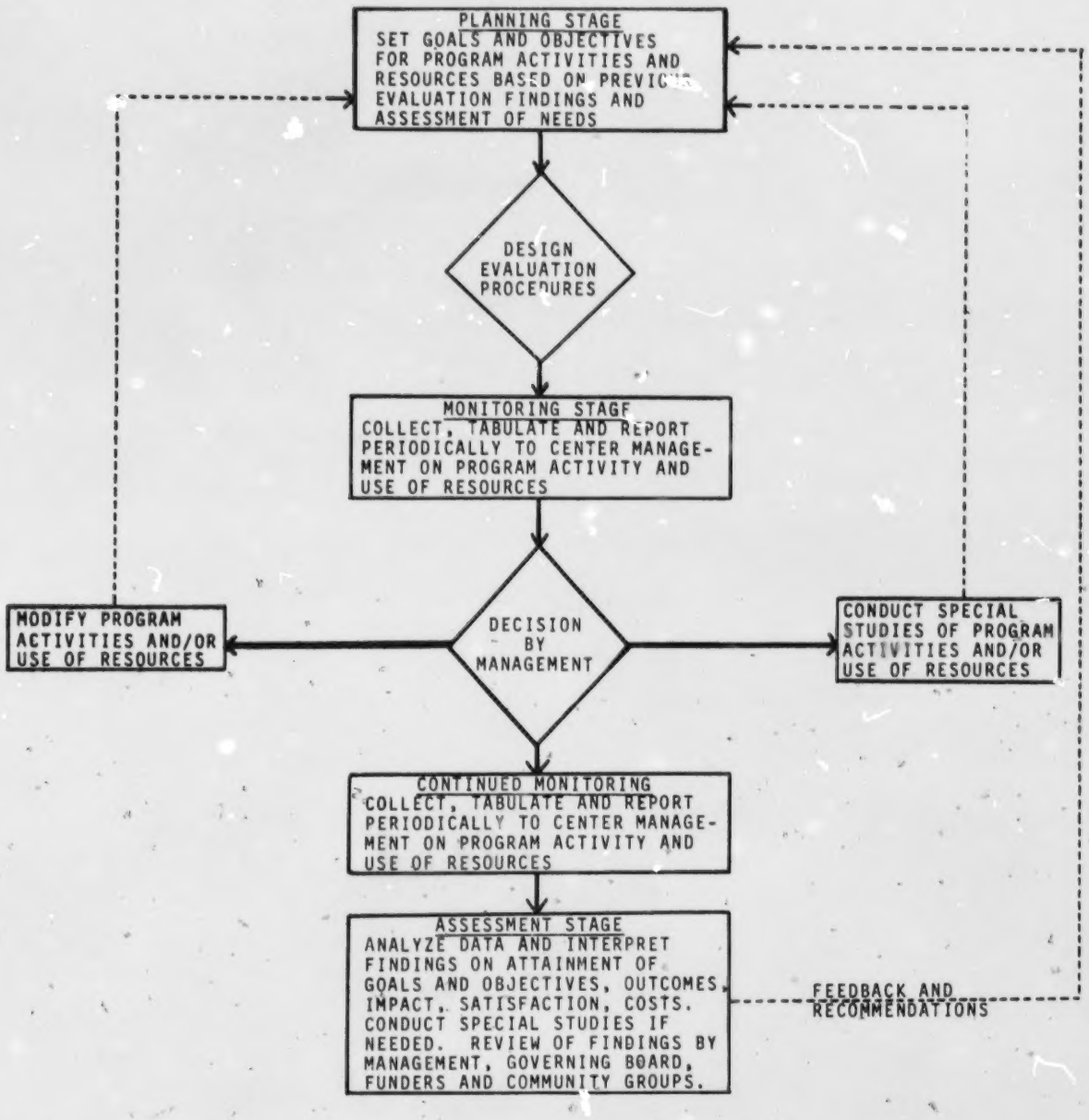
Program evaluation is a cyclical process that involves three stages:

- The PLANNING STAGE includes setting objectives for program activities and resources which define expectations for performance and criteria for measuring outcomes. This planning stage is an integral part of the development of activities and resources by a center's management team to meet the needs of the community for mental health services.

- The MONITORING STAGE involves the systematic collection, tabulation and analysis of data in periodic reports. The center administrator monitors these reports to determine whether any changes in activities or reassignment of personnel or budget appear

PROGRAM EVALUATION CYCLE

This simplified model was developed as a general framework to demonstrate the three stages of program evaluation. It was based on recommendations made by task force members and concepts found in other publications.


PLANNING STAGE
SET GOALS AND OBJECTIVES FOR PROGRAM ACTIVITIES AND RESOURCES BASED ON PREVIOUS EVALUATION FINDINGS AND ASSESSMENT OF NEEDS
DESIGN EVALUATION PROCEDURES
MONITORING STAGE
COLLECT, TABULATE AND REPORT PERIODICALLY TO CENTER MANAGEMENT ON PROGRAM ACTIVITY AND USE OF RESOURCES
DECISION BY MANAGEMENT
MODIFY PROGRAM ACTIVITIES AND/OR USE OF RESOURCES
CONDUCT SPECIAL STUDIES OF PROGRAM ACTIVITIES AND/OR USE OF RESOURCES
CONTINUED MONITORING
COLLECT, TABULATE AND REPORT PERIODICALLY TO CENTER MANAGEMENT ON PROGRAM ACTIVITY AND USE OF RESOURCES
ASSESSMENT STAGE
ANALYZE DATA AND INTERPRET FINDINGS ON ATTAINMENT OF GOALS AND OBJECTIVES, OUTCOMES, IMPACT, SATISFACTION, COSTS. CONDUCT SPECIAL STUDIES IF NEEDED. REVIEW OF FINDINGS BY MANAGEMENT, GOVERNING BOARD, FUNDERS AND COMMUNITY GROUPS.
FEEDBACK AND RECOMMENDATIONS

SOURCES: Hargreaves, W. A., Attkisson, C. C., and Sorensen, J. E., Resource Materials for Community Mental Health Program Evaluation (2nd Edition). DHEW Publication No. ADM 77-328, 1977; Franklin, Jack L. and Thrasher, Jean, An Introduction to Program Evaluation. New York: John Wiley and Sons, Inc., 1976; and Little, Arthur D., Inc., A Working Manual of Simple Program Evaluation Techniques for Community Mental Health Centers. DHEW Publication No. ADM 76-404, 1976.

necessary to assure that objectives are met. These reports are used like a thermostat that shows when activities do not meet an accepted or expected range and changes are needed.

- The ASSESSMENT STAGE consists of analyzing and interpreting the evaluation reports and other data to determine the degree to which programs have met the criteria set in the original objectives. It also defines the manpower effort and costs involved in meeting these objectives. Other routine evaluation activities may include studies of client outcomes and impact, cost analyses, and client satisfaction. The findings of the assessment stage are prepared for review by the center's management team, governing board, funding agencies and community groups. These findings and community recommendations are then used as the base for the next planning stage.

Special Study

A special study involves the collection and analysis of data that are not routinely planned as part of the periodic reporting process. Data for special studies may be drawn from existing information sources or may require separate data collection procedures. Centers should have the capabilities for conducting selected special studies for use in the decision making process. Variations

in regularly monitored data often call attention to the need for special studies, or special studies may be initiated by curious staff or upon requests from board members or outside groups. The nature of the study may be very simple (e.g., a "no-show" study) or relatively complex (e.g., a comparative study of treatment outcomes). In the context of this publication, any evaluation approach that is not routinely planned is a special study. Therefore, the definition of a special study depends largely on the kinds of routinely scheduled program evaluation activities going on in an individual center. For example, one center may routinely collect and analyze data related to client satisfaction in which case this activity is not a special study. Another center may undertake this activity only when prompted by complaints from local groups or clients. This activity is then considered a special study.

Evaluative Research

Evaluative research is a particular kind of evaluation which involves the application of scientific methods to management decision making about the overall worth or productivity of a program.[4] These studies differ from program evaluation in that they require higher validity, rely more on experimental research designs and are time-limited, not ongoing. Evaluative research may involve discovering of new knowledge or testing the application of such new knowledge in an organized program. Many

mental health centers do not have the staff expertise or the funds to conduct evaluative research. It is recommended that centers implement and maintain a well developed program evaluation system before getting involved in evaluative research studies which have limited utility in resolving immediate program management problems. The findings resulting from evaluative research are useful, however, in long-term planning for program development and change.

Mental Health Program

A set of related organizations, resources and/or program transactions directed to accomplish a defined set of objectives for a specific target population in a specific geographic area.

It is possible that "program" may be synonymous with "organization" when only one organization exists or with "service" when only one service is offered. Examples include alcohol treatment program, mental retardation program, and children's program. Programs may be classified in a variety of ways based on administrative ties, staff services, recipients or purposes.

Center Administrator

A person who has responsibility for directing the program or programs and managing the resources of a community mental health center.

Management Team

A multi-disciplinary group of staff members who coordinate their skills to provide the management direction to the organization. In the context of this publication, the management team includes the center administrator, the business and/or fiscal officer, the clinical program directors, and the staff members who are responsible for personnel, staff training, public information, data processing statistics, program evaluation and program planning.

FOOTNOTES

1. Southern Regional Education Board. Definitions of Terms in Mental Health, Alcohol Abuse, Drug Abuse and Mental Retardation, National Institute of Mental Health, Mental Health Statistics, Series No. 8, 1973.

2. National Institute of Mental Health. Guidelines for Program Evaluation. December 1975 (Draft).

3. Little, Arthur D., Inc. A Working Manual of Simple Program Evaluation Techniques for Community Mental Health Centers, Department of Health, Education, and Welfare Publication (ADM) 76-404, 1976.

4. Franklin, Jack L. and Thrasher, Jean. An Introduction to Program Evaluation. New York: John Wiley and Sons, Inc., 1976.

Chapter II

PROGRAM EVALUATION ACTIVITIES

Many program evaluation activities in an average mental health center are designed primarily to meet federal and state requirements for reporting of program activity data. These same reporting activities also yield information that is useful for planning and managing of center programs. Because there is a broad range of interrelated activities included in each of the three stages of program evaluation outlined in Chapter I, only brief general descriptions of the activities that fit into each of these stages are given next. These descriptions are based on those found in an earlier SREB publication, Program Evaluation in the State Mental Health Agency, unless otherwise noted.

PLANNING STAGE

A center administrator is responsible for planning, at least on an annual basis, for the services to be provided; developing an annual budget for these services in cooperation with fiscal management; setting goals and objectives for the center and its programs; and developing proposals for funding of ongoing or new programs. The evaluator's role in the planning process will vary according to the organizational structure, the skills of the staff, the priorities and values of the center's administrator, and staff time available. Although not primarily responsible for most of these

planning decisions, the program evaluator should be actively involved. The evaluator will at least be called on to provide data and should participate in the planning and decision making sessions so that he or she will have a clear understanding of the philosophical direction of the programs to be evaluated.

Needs Assessment

The first stage of the planning process -- which is usually done when a center is just being started or when it is required to add new program components to ongoing operations -- is assessing the target population's needs and expectations for services. Needs assessment, done before the development or implementation of programs, focuses on questions about the prevalence of mental health problems, the total number of people who need services, the demographic and special social characteristics of the population in need, projections of the probable demand for services, and information about existing programs in the area which already meet part of this need. When planning for a program, the management team must decide on program priorities, the appropriate location of services, resources available (e.g., staff, space and funds) and special problems related to the delivery of services. The evaluator often does much of the assessment of needs because he may be the only person in the organization with the data gathering and analyzing skills required.

- Many kinds of needs assessment methods have been developed and are available for use. Some of these methods are very expensive (e.g., sample surveys) while certain others, although they

may not produce as scientifically accurate results, may be just as satisfactory if they adequately support a visible need for services and can be used for measuring the impact of services at a later date (e.g., rates of people under treatment, information from key informants, community forum approaches, use of social indicators).

- Community mental health administrators should explore sources of existing data before collecting new data. Some potential existing data sources are city and regional planning bodies, health departments, mental health associations, health systems agencies, universities, state and federal funding agencies and national information clearinghouses.[1]

- The program evaluator can be helpful in identifying useful existing data sources and selecting appropriate methods for needs assessment. The evaluator should also be included throughout the program planning and development process so that he or she will be familiar with the underlying social, philosophical and political realities which affect program development and subsequent program evaluations.

The expectations of community leaders and groups should be examined in the needs assessment process. Regardless of how scientific and accurate a study of the need for services may be, the expectations of clients, community groups, professional associations, and local government have an influence on

the potential demand for services. Information drawn from community leaders, community forums, cultural analysis, and the nominal group approach are useful in identifying what the community feels it wants.

Goal Setting

An important part of planning and managing programs, whether newly initiated or ongoing, is defining the organization's treatment philosophy and setting goals and objectives. In many centers, representatives from management and professional staff participate in annual review of the attainment of the previous year's goals and objectives and the development of new statements for the coming year. This process serves dual purposes by providing the evaluator with criteria for measuring program outcomes and giving staff a clearer understanding of the expectations for their performance.

A written statement of the center's philosophy and purposes should be part of the annual goals and objectives so that the values which govern the delivery of service within a program will be explicit and understood by all involved.

If the center's philosophy is not made explicit by management, difficulties are likely to arise in programs. For example, if management assumes that program operations should provide basically adequate care to as many clients as possible while the therapists working within the program feel that they should provide the highest quality care to only a few clients, an evaluation of outcome is likely to place management in an adversary position with the therapists in the program.

Some of the major issues that should be made explicit in a center's statement of philosophy are whether the goals of treatment are improved social functioning or removal of psychopathology; whether the dignity and freedom of clients are more important than the standardization and regimentation of client care; and whether the program is committed or opposed to particular models of care (e.g., medical, behavioral, or social) or procedures of treatment (e.g., psychoanalysis, psychopharmacology, group therapy, etc.).

After defining the center's philosophy, the administrator, the evaluator, other center staff and community advisory groups set goals and objectives for the coming year. Goals are concise descriptions of the desired end-states related to human needs to be sought at some future time. Goals are often expressed for a mental health center as a whole. Objectives are often used for specific programs or services within a mental health center. (There is some disagreement on the terminology used for this process. Some prefer to reverse the meanings of these terms.) There are five basic criteria for both goal and objective statements: 1) set a deadline for the activity; 2) name the target group; 3) state the desired outcome or end-state; 4) set the conditions or restrictions under which the desired outcome may be expected to occur; and 5) specify the minimum criteria for measuring the outcome desired as evidence that the objective was reached.[2]

All too often an evaluator is expected to evaluate ongoing programs without criteria for measuring outcomes. It is recommended that each center set objectives for programs as part of an annual planning cycle to provide specific criteria and make clear the expectations for program directions and staff performance.

Community mental health center administrators and their staff periodically prepare proposals to obtain funds for ongoing or new programs. The process of assessing needs for services, designing programs to provide these services, and setting objectives and budget for programs are all part of writing proposals. If they have been engaged in a regular annual planning cycle, the administrator and evaluator will have available much of the information needed for proposal writing.

MONITORING STAGE

Few mental health centers have been able to develop and put into operation a full range of program evaluation activities. Most mental health organizations have some system, however, for measuring effort -- who does what for whom at what cost -- and for defining the basic demographic characteristics of the clients who receive services. These data are generally required for formal reports to state and federal agencies and to other funders. The scope and accuracy of these data are largely dependent on the adequacy of the data collection procedures including whether standard definitions of terms have been used and whether there has been full reporting of the data.

Information Systems

The first stage in developing program evaluation capability is to organize systematic ways of collecting and tabulating data about the work involved in providing services and the services themselves, commonly referred to as an "information system." (Much of the needed data are presently available in most mental health centers, but they may not be well organized or convenient

to use.) Frequently, the term "information system" is interpreted to mean a sophisticated, computerized system for collecting and tabulating data. We do not use the term in this context. Instead, our usage refers to "a system for gathering information, accumulating that data in an organized file, and summarizing that information in periodic reports or in reports responsive to special requests."[3] Such a system may be an extensive, automated one or it may be a relatively simple system of files and records with the capability for yielding basic information on client movement, staff activity and cost of services. These data show the quantity and overall cost of what a center is doing and can be used for internal monitoring of programs, to detect overuse or underuse of resources (services, manpower, facilities, funds), to prepare reports to funders and to provide baseline data for many planning, evaluation and utilization review activities.

Monitoring

In addition to satisfying other data needs, information systems can be used for monitoring programs. It is important that the data and reports be kept up to date so that the center administrator is aware of significant changes in operations and can make changes in these programs when indicated. A staff member should be assigned the responsibility for monitoring data and compiling periodic reports for the center administrator regarding client movement, staff activity and costs. The frequency of these reports will vary. The basic rule of thumb is to prepare reports at regular intervals that are far enough apart to reflect trends. Monthly or quarterly reports in most areas are adequate. The program evaluator can then examine these

reports to determine whether ongoing activities measure up to expectations. If they do not, the evaluator should bring any variations to the attention of the administrator for a decision on whether further inquiry into ongoing operations is necessary.

Another kind of monitoring is related to the use of standards (a "state or condition accepted as a minimal or exemplary condition, appearing in law, regulation or policy").[4] Many centers, as well as state, federal and national organizations have developed standards or are now formulating them in response to the requirements of third party payment programs, policy and legislation regarding cost containment and quality assurance.

There are generally three types of standards:

- Input standards are those that spell out the basic resources required for programs. These include such items as building standards, staffing ratios, staff qualifications regarding training, licensure and certification, and equipment standards.

- Process standards are those which define the procedures to be used in the clinical and administrative services.

- Outcome standards are those that spell out the client outcomes to be attained. Outcome standards would be most ideal from the perspective of the program evaluator, but they are rarely used because it is difficult to develop outcome standards in human service work.

Outside agencies may monitor program activities within a center through site visits or through reports submitted to them by the center. However, the responsibility for complying with established standards and procedures rests with the center itself. The evaluator can play an important role in helping the administrator monitor standards, deciding how to measure standards and establishing procedures to detect problems that need to be brought to the attention of the administrator for modification.

Quality assurance procedures require monitoring and review of clinical services. Both utilization review and peer review are included in these procedures.

Utilization review monitors and evaluates the appropriateness and use of a program's services. It is used to assure that clients are not under treatment unnecessarily or kept under treatment longer than necessary. Utilization standards are set and reviewed by special committees, but the program evaluator can help in setting these standards and periodically reviewing the results of the review committee's actions to determine whether there are overall problems which require corrective action. Analysis by the evaluator might also determine that the standards used by the utilization review team need modification.

Peer review is a mechanism for evaluating treatment and rehabilitation procedures by a formal review of clinical records by a team of peers. Until recently peer review was done when a complaint was filed as a result of an excessive fee or a poor outcome. Now, with the new federal legislation

(PL 94-63), the increase in third party programs and Professional Standards Review Organizations (PSROs) many centers must set and monitor standards for all treatment cases. Under PSRO, inpatient care will be monitored and reviewed according to the clinical criteria set by peer practitioners in a specific facility or by an organization of peers in the community (a PSRO). In either case the evaluator might be involved in helping set the original criteria and periodically examining the peer review actions of the program's treatment services to detect problems or trends in both the program and the peer review process that should be brought to the attention of the administrator.

ASSESSMENT STAGE

Periodically the results of ongoing programs are reviewed and analyzed using some of the following program evaluation methods. The frequency of these evaluations depends on the center's capabilities, the schedule for required reports of program activity and how often monitoring reflects problems which require special studies of a program.

Outcome Studies

Outcome studies show how well and to what extent programs have met their objectives and whether there are any unexpected outcomes or spin-off effects. Generally, the center administrator, the evaluator and others set program objectives, using baseline data, norms, and standards as criteria to measure the outcomes.

A wide range of individual client and program outcome measures are available for use by the evaluator. There are two basic types of measures:

standardized instruments which measure changes in psychopathology, symptoms or general functioning of clients, and goal attainment scaling techniques which measure specific individualized goals of clients. Both require training for administration and analysis. With few exceptions they also require both pre- and post-measurement.

Impact Studies

Impact studies analyze the relationships of the program outcomes to the original need and to any related consequences. Related consequences may be economic, social, political or clinical. Because they go beyond immediate outcomes, impact studies are one of the more comprehensive evaluation techniques for letting the administrator know the total effect of a program.

Impact studies are difficult to design, implement and interpret. Most impact studies done by centers are tied to an early assessment of need for services, using pre- and post-social indicators or sample surveys. Theoretically, impact studies imply a causal relationship between an agency's activities and the social well-being of a community. Methodologically there are numerous design problems, chief of which is the intrusion of factors beyond the control of the agency involved in providing services. Many societal and cultural forces in the community work against the scientific evaluation of human services programs (e.g., mobility, migration, economic fluctuations, changes in national policy, demographic changes within the community, altered physical or ecological patterns).

Some centers now measure the impact of services on clients by focusing on short-term effects of treatment by using pre- and post-measures of

social functioning. Although this approach does not eliminate intrusive factors, it does narrow the population under study to actual clients, thus controlling some of the external influences that make impact difficult to measure.

Cost Analysis Studies

Cost analysis studies analyze program expenditures according to various criteria. Essentially, costs are figures derived by allocating expenditures according to some significant measure (e.g., cost per patient per day, cost per episode of care, cost per patient year). These costs can then be analyzed and comparisons made between similar programs, between successive years, between different models of treatment, and between different patterns of organization. Cost studies of this kind are valuable to the administrator as predictors for setting priorities, making program changes and preparing budgets.

It has been common for cost studies, when they have been done at all, to be done by the business office with very little relationship to the clinical programs. The studies have thus tended to be concentrated in the business area only (e.g., costs of food, supplies or personnel rather than costs of treatment, aftercare, rehabilitation or crisis services).

Cost outcome studies measure the cost of providing services to groups of clients in relation to the degree of improvement in their functioning over time. This kind of study can be used to discover the factors that contribute to differences in costs and client outcome and to provide baseline data for decisions about the best ways to deliver services to specific client groups.[5]

Cost-benefit analysis compares the cost of a particular effort with benefits obtained from it. It attempts to assign monetary value to benefits and then divides this figure by the cost in dollars. Presently, determining benefits and assigning monetary values to them is much more an art than a science because it is very difficult to describe social benefits in common monetary units. Economists readily agree that the techniques for assigning monetary values to social benefits are not yet firmly defined. Cost-benefit analysis is generally used now as a projective tool to assess the relative effectiveness of proposed program alternatives. Although economists may disagree, and the technique is basically projective, it may still be useful to the evaluator and administrator in assessing present and past benefits of a program.

Cost-effectiveness studies are a limited version of the cost-benefit technique which attempts to specify and evaluate social costs and benefits of different programs and services that have the same target population and identical predefined goals. Since the target problems are the same, whatever measurement of benefit is applied to one group is applicable to other groups. For example, if one group of neurotic depressives received psychotherapy alone and another group of neurotic depressives received drug therapy alone, the measures of treatment relevant for one group -- decreased depression and improved family relationships -- are as relevant for the other group. Therefore, cost-effectiveness studies are less vague than the more general cost-benefit data and allow the administrator to feel more confident when judging alternatives. These studies are a form of evaluation research rather than everyday program evaluation.

Client Satisfaction Studies

Client satisfaction studies analyze the opinions, attitudes and reactions of clients about the services they receive from a program. These studies indicate how the program is meeting the expectations and needs of the clients, their families or referral agencies. There are various techniques including questionnaires, personal visits and telephone interviews, to evaluate whether these people feel they have been well served, what problems or shortcomings they have experienced and what suggestions they may have for improving the services. The evaluator should be alert to specific suggestions made by individuals on client satisfaction studies, for these suggestions may provide leads for significant improvements in programs.

Special Studies

Special studies examine areas where there are no routine data collection and analysis activities or where routine analysis indicates a need for further study. Also, it could develop that certain studies are needed only episodically (e.g., studies of staff time commitments to specific activities). Other studies are required only one time (e.g., to supply information for an investigation exploring charges that have been made against some specific aspect of the program). Special studies may be done on managerial functions (e.g., costs of central purchasing compared to decentralized purchasing) or on clinical problems and programs (e.g., analysis of a rising suicide attempt rate or of an increasing rate of seclusion and restraint in certain program units).

The need for doing a special study should be prompted ordinarily by the monitoring activity of the program evaluator who senses a need or problem that requires special study. However, special studies may also be prompted by curious individuals within the agency's staff, by the administrator himself, or occasionally by charges brought by the press, citizen groups or clients which require a special study as part of an investigation.

FOOTNOTES

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Chapter III

ORGANIZATION AND STAFFING

The scope of program evaluation activities and the assignment of program evaluation tasks in a center are influenced by a number of factors including the existing organization, supervisory and staffing patterns, the center's philosophy, the attitudes of management and staff toward program evaluation, perceptions of what program evaluation is, available resources, and the priorities of management. It is the position of this document that management functions should facilitate and support the delivery of direct services; program evaluation is not primarily a research activity, but rather a part of the management function.

Small centers and clinics with limited financial resources and staff are often not able to hire a separate staff person with program evaluation expertise but must rely on the skills of existing staff to do minimal, practical program evaluation. In many cases, these organizations need the assistance of consultants in selecting appropriate program evaluation procedures and training staff in the use and interpretation of data. Larger centers with greater financial resources and more supervisory staff must decide on the best ways to use the skills of an evaluator and to introduce this new staff member into the organization in a way that minimizes the resistance of others.

Because they are primarily clinicians without knowledge of the potential uses of program evaluation as a management tool, many center administrators have difficulties in recognizing the many ways that a program evaluator can be helpful as part of the management team. Sometimes they confuse program evaluation and its related activities with evaluative research. Program evaluation is an integrated system of collecting and monitoring data, and preparing timely reports on findings for decision making by management; on the other hand, evaluative research deals with research on specific program technologies and only secondarily with determining the effectiveness of on-going programs or services for management purposes. While evaluative research has almost no utility in resolving immediate management problems that surface every day in a center, program evaluation can be a valuable day-by-day management tool if used appropriately. Center administrators are sometimes reluctant to take funds away from direct services for program evaluation activities. But, if used to aid in sharpening center operations, practical program evaluation should pay for itself by assisting management in monitoring center activities and making decisions regarding allocations and programmatic changes that increase the efficiency and effectiveness of services.

ORGANIZATION

There is considerable variation in the ways that the organization and staffing of program evaluation can be structured within a mental health center. It is impossible to outline a single ideal structure because of the many factors which influence how program evaluation may be done within an organization. One generalization can be made, however: the center

administrator is responsible for the internal operations of the organization and should define the organizational placement, staffing and responsibilities for program evaluation.

There are four basic alternatives for the organization and staffing of program evaluation:

- Program evaluation as a separate unit;
- Program evaluation combined with other administrative or clinical services;
- Assignment of program evaluation tasks to varied staff with coordination by the center administrator;
- Program evaluation conducted by outside consultants.

Program Evaluation as a Separate Unit

A center may choose to establish a separate unit for program evaluation, staffed by a director who reports directly to the center administrator. This arrangement is feasible when the attitudes toward evaluation within the center are positive and the need can justify funding a separate unit for this activity. The administrator and the evaluator should have a close working relationship and share the skills needed to use evaluation as a management tool as well as to prepare the reports required by funding agencies. If center administrators are not skilled in using program evaluation as a management tool, they may not recognize the evaluators' potential contributions to internal management. In addition, if evaluators are unfamiliar with the use of evaluation for internal management, they may be inclined to want to do evaluative research which is not likely to be as relevant, timely or useful to management as practical program evaluation. Also the attitudes of other staff may

influence the effectiveness of the evaluator. Sometimes the evaluator is seen as a threat by staff, particularly when the evaluator works in relative isolation. Clinical program staff should be included in the evaluation process and should be able to request technical assistance and data from the evaluator when they need information about their services and when they are planning changes in ongoing services.

The evaluator in this structure can expect to be involved in a wide range of activities that are not always perceived as program evaluation. In all probability, he will be called upon to assist in the overall planning for the center, to monitor and report to the director and the management team on various center activities, to assist in quality assurance procedures, to set up data collection systems, to be involved in program development and change, and, in rare cases, to assume some of the administrative responsibilities of the center director, especially in preparing proposals for funding and reports to funding bodies, boards and community support groups.

Program Evaluation Services
Combined with Other Support Services

Many center administrators assign joint responsibilities to a unit within the organization. The possible combinations vary according to the needs of a center. For example, some centers combine evaluation and training or evaluation and research; others combine planning and evaluation; others assign program evaluation to a clinician who has knowledge of evaluation methodology; others place evaluation with fiscal management, clinical records, or an administrative assistant to the center director. Whatever the combination of

responsibility may be, it is recommended that the person assigned responsibility for program evaluation work closely with the center administrator in defining what kind of program evaluation is needed and have the necessary skills or technical assistance available. A possible problem with the combined unit model is that the demands (or preferences) for other activities may have priority over program evaluation with the result that little evaluation is done beyond the minimal required reporting. It is preferable that the functions combined with program evaluation be in close collaboration with administrative support services as well as with clinical services.

Dispersed Program Evaluation

Many center administrators prefer to assume primary responsibility for the coordination of program evaluation activities, assigning tasks to management and clinical staff according to their individual skills and ongoing responsibilities. This arrangement is feasible when administrators have working knowledge of all of the center's operations and are familiar with evaluation methods so that they can define the kind of data that are needed and the methods that should be used to collect the information. The administrator then coordinates the various program evaluation activities to have a total picture of operations within the center for decision making. One of the advantages of this arrangement is that evaluation may be seen as a team effort because a number of staff are involved in the process. This attitude may contribute to the acceptance of change in the organization as well. But, the administrator's other responsibilities may have a higher priority over program evaluation so that very little is done. Even in the smallest centers,

some kind of rudimentary program evaluation must be done to prepare reports required by funders and to monitor clinical activities. Often center administrators do this kind of practical program evaluation without realizing it when they make judgments based on available data, observations of the center's operations and regular reports from business and clinical staff.

Outside Evaluation by Consultants

Centers without evaluation capabilities may engage outside consultants to conduct program evaluation. There are some definite limitations to this alternative, particularly in regard to the use of evaluation for internal management. Some centers have had success in employing outside consultants to set up information systems, process data and compile the statistical reports that are required by funders. These program evaluation activities can be very useful to a center if the administrator receives regular periodic reports from the outside consultants to make decisions regarding the internal management of the organization. Many centers need outside consultants to assist them in determining the kinds of program evaluation methods that are most useful for the center in training staff in evaluation procedures. The program evaluation process may be only marginally useful, however, as in the case of information systems, unless the administrator has access to these data for internal management. Outside consultants are helpful in identifying the weaknesses in management and clinical service delivery procedures, but the administrators themselves, because of their working knowledge of center operations, should make the decisions regarding changes to be made within the center. If at all possible, the administrator should

include key staff in the decision making process. Generally, contracting with outside consultants for evaluating centers in any other context is not satisfactory because the consultant usually lacks the intimate knowledge of the center's philosophy and operating problems and is thus inclined to make unrealistic recommendations for changes in procedures that may be costly and disruptive for the center.

STAFFING

Franklin and Thrasher state: "...ideally, evaluators should have expertise in statistics, cost accounting, management, public relations, anthropology, sociology, political science, psychology, philosophy and, of course, the content of the program to be evaluated. Given this impossible set of qualifications, it is no surprise that there are few 'fully qualified' evaluators, although there are hundreds so labeled and so employed."[1] This description suggests that an evaluator in a mental health center must have a broad range of skills which are usually acquired through experience in the field and are not representative of any particular academic discipline. Furthermore, many centers with minimal funds for program evaluation are unable to employ full-time evaluators. Others who may have the funds prefer to disperse evaluation responsibilities among varied staff members. Both of these arrangements are probably more representative of the organizations that are considered "average" in this publication. But, the person or persons who perform evaluation tasks need relatively similar skills and training.

The administrators of many centers prefer to either employ individuals who have had previous experience in program evaluation in state or local

mental health agencies or assign responsibilities for evaluation to one or more staff members already in the organization. Although disciplinary background and degree level may be minor considerations, it appears that basic skills and competencies are major factors in choosing an evaluator. These basic skills and competencies include both technical skills and interpersonal skills. It may not be necessary to have a doctoral or even a master's level evaluator. It depends on the evaluation tasks that are required. A bachelor's level evaluator may have the skills needed if the administrator can provide adequate supervision.

Desirable Skills and Training

Technical knowledge and skills:

- program evaluation technology
- mental health planning methodology
- social systems analysis and some knowledge of experimental research
- statistical analysis
- understanding of computer technology (if computers are used)
- understanding of the mental health delivery system and related government funding and reimbursement (third party payment) programs
- data management and use of information
- human service organizations and management procedures
- cost accounting
- familiarity with clinical procedures

Interpersonal skills and orientation:

- social skills and orientation to fit into the organization as a team member, not as an isolated individual
- ability to organize work and meet time limits
- motivational skills to encourage others to be involved in program evaluation and to use findings
- group process skills to assist in bringing group consensus in decision making within the center
- ability to abstract, conceptualize and recommend alternatives based on interpretation of data and knowledge of center operations
- commitment to the maintenance and growth of the organization

This listing represents the ideal combination of skills and training not often found in a single individual. Some of these technical skills can be acquired through working in a center, attending workshops and reading, but most of the interpersonal skills and orientation appear to be a prerequisite to employment as an evaluator.

The selection of a program evaluator depends largely on the priorities set by center management and the skills of present staff. One center administrator may place emphasis on cost studies and be less concerned about the evaluator's skills in clinically oriented studies, while another administrator who has an accountant with a strong background in cost studies may want an evaluator whose background in clinical procedures would complement those of the center's fiscal staff. When using the skills of the present staff to do program evaluation, the center administrator should tap the staff who have an interest in and grasp of evaluation procedures and encourage them to improve their skills.

The variation in organization and staffing of mental health centers makes the possible range of functions of the evaluator equally variable. Given the assumptions that the center administrator is primarily responsible for program evaluation and the person who serves as program evaluator is part of the management team, some functional relationships can be generalized. In the context of this publication, the management team includes the center director and the key supervisory staff responsible for both administrative support services and clinical services. Depending on the size and organizational structure of the center, as few as two people and as many as six or eight may share these responsibilities. The program evaluator should be included in meetings of this group as a peer so that he may be sensitive to the goals of the organization (both formal and informal), the values and attitudes of management and the internal and external social, economic and political expediencies that influence decisions.

In addition, the program evaluator should have a close working relationship with each supervisory level individual so that he knows their responsibilities and evaluation needs. The center administrator should support the evaluator in establishing these relationships, but the evaluator is primarily responsible for maintaining them through written and interpersonal communication.

As part of the management team, the evaluator serves the center in many ways. Knowledge of management procedures is necessary because the evaluator must work closely with center management in a number of capacities and should be flexible enough in skills and attitudes to assume a broad range of

assignments that may, on the surface, appear to be unrelated to a narrow definition of program evaluation. The evaluator in a small center should be prepared to do routine evaluation tasks, not sophisticated research. For example, the evaluator may collect data and monitor the adequacy of records for completeness. These activities, though time-consuming and tedious, are worthwhile if used in preparing management oriented evaluation reports. In addition to preparing reports required by funding agencies, the evaluator will probably be responsible for monitoring statistical data on the center's operations. On some regular schedule the evaluator should be able to provide the administrator and others on the management team with program evaluation findings that refine observations and statistics regarding center operations so that the managers can make valid, rational decisions about changes in programs. Annual planning and proposal writing are other areas that the evaluator will be involved in as part of the management team. The evaluator will at least be expected to provide data for, and may be primarily responsible for, both of these activities.

The evaluator should have a working knowledge of clinical procedures and be able to work with the clinical director(s) and staff without antagonizing them, especially those who are resistant to evaluation. He or she may be responsible for monitoring clinical records for completeness and may be involved in quality assurance procedures. Also the evaluator should be responsive to requests by clinical directors for special studies regarding clients and programs.

In fiscal management areas, the evaluator may be assigned responsibility for organizing the center's information system so that data on client movement, staff activity and cost can be readily accessed when needed. He or she may also be involved in accounting activities as they relate to third party programs, funding, planning, cost analysis studies and proposal writing. The evaluator therefore should have an understanding of funding and reimbursement programs and basic accounting procedures.

Under ordinary circumstances the evaluator should not be expected to relate directly to the governing boards and groups external to the organization unless asked by the center administrator to serve as his representative or to make program evaluation presentations to decision making groups. In these situations, the evaluator must avoid formal scientific affectations and relate to these groups as a representative of the organization who is committed to its maintenance and growth and who communicates in a way that is easily understood by laymen.

FOOTNOTES

1. Franklin, Jack L. and Thrasher, Jean H. An Introduction to Program Evaluation. New York: John Wiley and Sons, Inc., 1976, p. 107.

Chapter IV

ADMINISTRATIVE USES OF PROGRAM EVALUATION

The preceding chapters have discussed program evaluation functions and alternative ways to organize and staff for these functions. Although "the evaluator" in the organization has been referred to, it is recognized that many center administrators may not be able to employ a full-time evaluator but instead must assign evaluation responsibilities to dual purpose units, such as program evaluation and planning, or to individual staff members. By assigning program evaluation responsibilities to varied staff members performing other management and clinical functions, the administrator may in fact encourage the acceptance of program evaluation because of group participation in the process.

CREATING A POSITIVE CLIMATE FOR PROGRAM EVALUATION

Whatever the organization and staffing plan, the key to successful incorporation of program evaluation in the center is the administrator's leadership and management skills in creating a positive climate for program evaluation and making those responsible for program evaluation a part of the management team. Without the full support and involvement of the administrator, the program evaluator may simply provide the required reports to funders but not improve the management process. This kind of activity may be met with resistance by staff because they receive no feedback on their

reporting. When administrators decide to introduce program evaluation in centers, they should not lose sight of the purpose of mental health centers -- to provide the best possible care to the community with the resources available. Two very basic goals are involved: the need to improve management procedures and the need to maintain or improve the quality of care provided to clients. Both goals require cooperation within and between different organizational levels in the center. For example, a center may have excellent management control for all aspects of the center's operations but the quality of care may be less than desirable because the management system does not allow the flexibility needed to provide appropriate treatment for a wide range of clients with differing needs. As a result, the morale of clinicians may be low and their resistance to regimentation and "red tape" high. Another center may provide a high quality of care to clients and have no service delivery problems but may not survive in the long run because of poor management. Obviously, the center administrator must seek some balance between these two goals in order to serve the purposes for which the mental health center was established. The introduction of center-wide program evaluation can set the stage for both improving the quality of care and providing sound management practices by offering systematic data for decision making about organizational change.

Planning and Implementation

When beginning program evaluation in a mental health center, the center administrator should introduce the new procedures in as positive a way as possible. This can start by bringing together a few key staff members who

will be involved in program evaluation to plan and design a set of program evaluation methods and procedures. If both the director and the staff have only limited knowledge of program evaluation, the administrator may arrange for an outside consultant to assist in designing the organizational structure and ongoing procedures for program evaluation, and in identifying the best ways for setting goals and objectives using available resources. The result of these planning sessions should be a working plan for implementing program evaluation in the center.

During the planning and implementation process it is important that the administrator, the evaluator and/or key staff keep other staff informed of their activities and seek participation and involvement whenever appropriate. Staff conferences may be held to clarify: a) the purpose of program evaluation procedures (e.g., if beginning program evaluation and better management of resources are necessary for the economic survival of the center, an explicit statement to this effect should be made to staff); b) the cooperation expected of individual staff members (e.g., filling out and submitting forms, negotiating realistic objectives and action steps); and c) the varied uses of evaluation data (e.g., required reporting, planning, monitoring and summary reporting with feedback to staff, outcome evaluation, special studies identifying needed changes in program operation). These staff orientation sessions should be presented in a way that emphasizes the positive uses of program evaluation and demonstrates the full support of the administrator and the management team and the sensitivity of the program evaluator to feedback from staff or to any requests for information made by staff.

It is suggested that the administrator consider including several managerial procedures for program evaluation.

- Clarify procedures for how various kinds of data are to be used. Some clinical information should only be available to certain staff (e.g., program director, clinicians). Other information may be suitable for general release (e.g., mass media, community groups, local government and others).

- Set time limits for the program evaluator's activities, particularly for required reports to funders and summaries of monitored data. Both the administrator and the evaluator benefit from this arrangement because the evaluator can schedule the work according to priorities and plan a format for data collection and tabulation that will allow these data to serve multiple purposes. Because staff turnover is not uncommon in mental health centers, it is recommended that the working plan for program evaluation, the time schedules and the action steps be written so that replacement staff can carry on the evaluation activities if necessary.

There are other recommendations to be considered regarding the role of the evaluator.

- The evaluator should not be left alone to decide what to evaluate. Instead, the administrator should let the evaluator know what kind of information is needed for decision making and

for communication with groups outside the center. The evaluator is then able to decide what kind of data must be collected to assist the administrator in making these decisions.

- The administrator and the evaluator should consult with program directors to determine their needs for program evaluation information for management uses. This procedure encourages program directors to cooperate with the evaluator and use evaluation findings constructively.

- The evaluator should not be a detached researcher operating in isolation within the center. The evaluator needs to be in the mainstream of center activities in order to anticipate needs for data and make recommendations for alternative ways of resolving problems within the center. However, the administrator is still responsible for integrating program evaluation activities into the center and encouraging the use of findings.

- Staff and operating expenses for program evaluation activities should be identified and allocated in the center's budget, accounting procedures (cost centers) and accountability procedures.

- The evaluator must develop sources of information through what appear to be diversionary activities (e.g., organized clinical records, setting up an integrated information system, writing proposals, etc.) before he can begin to evaluate programs. If

a center is just beginning formal program evaluation services, the evaluator may spend considerable time doing tasks that seem unrelated to program evaluation. An evaluator does not usually join an organization and immediately start evaluating.[1]

USING PROGRAM EVALUATION AS A MANAGEMENT TOOL

Chapter II outlines the three stages of program evaluation functions in a mental health center: 1) planning; 2) monitoring; and 3) assessment. The information provided by these program evaluation functions should be used not only for preparation of reports required by funders but as management tools to improve center management in three areas: 1) planning and development of programs; 2) managing of ongoing programs; and 3) reporting to governing boards and to other community organizations.

Planning for Programs

Data on staff activity, client movement, costs and basic demographic characteristics of clients collected by information systems can be used to conduct many of the program evaluation activities described in Chapter II. These results are useful to management for program planning and developing new programs. Special studies may be needed to provide planning inputs that are not available in a center's information system.

Many mental health center administrators are shifting to "management by objectives" to plan for center operations. This approach involves setting goals and specific time-defined objectives with criteria measures to determine the degree of attainment of these goals and objectives. These goals

and objectives may be set annually for the center as a whole, for selected organizational levels within a center (e.g., governing board, administrative support services, clinical services), for specific programs and for individual staff performance. Specific goals and objectives may range from serving more clients of a certain kind to increasing the hours of service provided by an individual clinician. Basic criteria for these goals and objectives are described in Chapter II.

Operating under "management by objectives" can create the needed balance between good management practices and the delivery of quality of care if realistic behavioral objectives and specific action steps are negotiated between management and staff. If adhered to and used positively, "management by objectives" defines objectives that are clearly understood, accepted by and attained by both staff and management. In setting goals and objectives for the coming year, the administrator focuses on what has been done in the past and states what the expectations of the organization and its staff will be for the next year of operation. This approach assists the administrator and other supervisory staff in managing programs and also provides the evaluator with criteria for evaluating program outcomes.

- Administrators may have difficulties beginning "management by objectives" procedures if they do not have adequate data describing the baseline performance and criteria measures. In such an instance, the administrator and key staff may set initial objectives that seem reasonable and refine them quantitatively as baseline data becomes available.

- Administrators may meet with resistance to the "management by objectives" approach because some clinicians find setting concrete objectives contrary to their philosophies, while other staff do not want to commit themselves to clearly defined objectives which would limit their flexibility. These difficulties may be resolved through strong leadership by the governing board, the administrator and management level staff and by negotiating with clinical staff in order to develop objectives that define the center's expectations but at the same time allow clinicians enough flexibility to perform tasks without unrealistic constraints.

- The negotiation of objectives with staff may pinpoint areas where inservice training or continuing education in managerial and clinical skills are needed. If individualized objectives are negotiated, the development of appropriate skills may be included in the objectives set for individual staff members.

- The results of assessments of the needs and expectations for programs are useful in both setting goals and measuring program outcomes. Often center management overlooks the potential uses of these studies to determine whether a new program is actually providing services to target population and whether the expectations for services are being met.

Managing Programs

Evaluation data drawn from monitoring reports are used in the day-to-day management of programs. The manager uses the monitoring reports like a thermostat to show when activities going on in a center do not meet an accepted or expected range. These data include client movement, staff activity, staff productivity and costs of services. Other data can be monitored for compliance with standards set by administrative agencies or national accreditation organizations. The primary management use of monitoring is to idenfity needs for immediate corrective action in ongoing programs.

Data on client movement, staff activity, staff productivity and cost of services should be continuously monitored and compiled in periodic summary reports for use by the administrator, fiscal managers, and program directors in managing programs. When the data findings in any of these areas reflect significant changes (e.g., underuse or overuse in relation to present goals and objectives), corrective action should be taken by management. Such data may also be used to provide reports to state and federal agencies and to provide the baseline data needed for planning and goal setting. (Additional uses include tracing referral patterns and demographic characteristics of clients, determining patient flow through the center's network of services, identifying treatment patterns for various groups of clients and providing information needed to reallocate resources in the annual planning process.[2]) Centers which administer client outcome measures may also monitor these outcomes for changes.

Monitoring for compliance with standards yields information that the administrator can use to identify problems in treatment and utilization patterns which require corrective action. Staffing standards can be used to identify manpower needs and to plan for staff training. The administrator may also conduct surveys of the center's facilities to discover deficiencies in building and equipment standards before site visits from state and federal administrative agencies or national accreditation organizations.

When the data from monitoring reports do not adequately answer questions about the program, the center administrator may ask the evaluator to conduct special studies to determine what action should be taken. This "red flagging" or "evaluation by exception" provides for in-depth answers to questions raised by the monitoring process.

Some of the problems related to program monitoring are:

- Many centers do not yet have an organized information system in operation. Data on client movement, staff activity and costs are collected, but they are not organized for monitoring purposes and may not report on all aspects of center operations (e.g., many centers do not report on 100 percent of staff time).

- Data on staff activity and productivity and client movement (measures of effort) are often not appropriately correlated with cost figures to identify the actual cost of services (cost accounting).

- Many centers have difficulty deciding on appropriate units of reporting because various state and federal funding agencies use different units and categories in their required statistical reports. This is a broad problem related to the requirements of administrative agencies for different forms of the same data. Although not directly related to the internal management of centers, it should be noted.

- Many centers delay in beginning any information system and monitoring procedures because they cannot yet afford an automated system. However, a carefully designed manually operated system can adequately capture the basic data needed to monitor and assess mental health program activities.

Uses of Evaluation Findings

Routine program evaluation activities vary from center to center. One center may only evaluate staff activity, client movement and program costs on a regular basis, while another center may routinely evaluate client outcomes, cost outcomes and client satisfaction in addition to these basic evaluation activities. Recognizing that this variation in evaluation activities will exist, we offer the following possible uses of program evaluation activities.

Evaluation findings regarding staff activity and client utilization show the amount of effort used to provide services to a given number of clients. This information is helpful in estimating the amount of staff time needed in

programs. It also is helpful in determining whether specific client groups are actually using services, and whether procedures for the transfer of clients from one service or program to another are being completed in an adequate way. Information regarding the use of services and movement between services assists the center administrator in planning for changes in intake, transfer and follow-up procedures, location of services, referral relationships with other agencies, etc. Many of these changes can be written as objectives in the annual goal setting process if the resources for making these changes are available (e.g., reducing hospitalization of clients by increasing staff assigned to follow-up care for clients leaving state hospitals).

Cost studies are useful to the administrator in preparing budgets, setting program priorities, and making program changes. There are two basic procedures that are within the capabilities of most centers: 1) cost accounting which determines the actual cost of ongoing services and 2) cost analyses which provide estimates of the amount of resources that must be allocated to meet various program objectives.

Cost outcome studies, which measure the cost of an episode of client care in relation to the actual client outcome (e.g., improved social functioning after treatment) can also be done if data on both client outcome and cost per episode are available. Cost outcome findings can be particularly useful in demonstrating the overall effectiveness of programs to funders and other interest groups.

Comparative cost effectiveness and cost benefit studies are probably beyond the scope of many centers for the reasons discussed in Chapter II.

Client outcome measures are usually administered to clients at least twice (pre- and post-treatment) by clinicians in order to measure overall outcomes of services (e.g., goal attainment scaling and standardized scales). These client measures are often useful to clinicians for developing individual treatment plans. Some programs or services may administer these outcome measures to all clients, then aggregate scores to measure overall program outcome. When they are available, program outcome findings can be used to determine the impact of services on clients as well. Further, it is possible to measure cost outcome when program findings are merged with data on the costs of care. The results of service outcomes can assist the administrator in determining whether current treatment models are providing the best possible care in relation to the cost involved, and in reallocating resources to various services. Comparisons of outcomes between various services can be made with outcome data; however, these comparisons generally require more sophisticated research design and controls than may be feasible in many centers.

Special program evaluation studies are usually undertaken when further refinement of existing data (e.g., routine information system data, clinical records, billing and accounting records) is necessary or when questions cannot be answered by the available reports. Occasionally the administrator or the evaluator will see an unusual change in monitoring data which requires a special study. Centers with limited staff conduct special evaluation studies only when there is a clear need for findings. The evaluator should prepare

the findings of these studies in a form that is understandable to the users of this information. It is suggested that the evaluator submit preliminary findings to the administrator while the final results are being completed, and that the evaluator discuss the preliminary findings with people who are directly involved (e.g., the administrator, directors of programs) to ask for their reactions to the data and their interpretations while the data are still in the preliminary stages. When preparing the final report, the evaluator should submit alternative recommendations for changes in a program based on the suggestions made by others. It must be emphasized, however, that it is the responsibility of the center administrator, not the evaluator, to assume responsibility for making program changes.

A "no show" study is an example of a simple special study that may be done for the outpatient service. The evaluator collects and aggregates data on the number of "no show" clients and notes the times when clients are more inclined to use services. The administrator may then wish to reschedule staff meetings and other administrative activities to hours when clients are less apt to keep appointments or to change the hours that services are available (e.g., evening hours).

A special study may be done at a time of crisis when a center or program is under the scrutiny of groups in the community. In such instances, the evaluator will be called upon to draw from existing data in the center and to identify additional information needed so that the administrator can reply to the outside requests.

Reporting to Others

The center administrator can use evaluation findings to assist the center's governing board in making decisions and to report to community groups on the center's progress and problems.

Governing boards are responsible for planning and setting of policy for a center's overall operations. In order to make rational decisions, board members should have accurate information about the political, economic and social climate in which the center operates, the number and kinds of people who need mental health-related care, the actual services provided to these people by the center, its existing organizational structure and staffing patterns and the costs of operating the center and its programs. Program evaluation answers some of these questions, but social values and political processes sometimes modify the course of action that rather rigorous program evaluation findings would suggest. Nevertheless program evaluation is extremely useful in assisting the administrator to have well developed findings for the decisions that need to be made by a governing board. Program evaluation also presents other explanatory information which is useful in educating board members so that they have the understanding needed to make their decisions on operations and policy. The following examples show how program evaluation can be used for both regulatory and educational functions.

Monthly or quarterly status reports on programs are distributed at board meetings along with a brief written or oral analysis and explanation. Frequently it seems that board members' primary interest is in the fiscal

operations of a center. However, in providing information on program operations, the administrator may expand the board's participation and understanding of the programmatic issues and problems facing the center.

Monitoring for compliance with standards discussed in Chapter II is another activity in which the governing board may be involved. Board members can be included in the pre-site visit survey of the center to encourage their understanding of the requirements of administrative and accrediting agencies.

Although a governing board is responsible for major planning and policy setting for a center, both the board and the center management have a responsibility to be accountable to the broader community.

> Accountability as a general term means that a person is responsible to someone else for accomplishing certain results with the resources available to him. In the mental health field, program accountability refers to the responsibility of the agency or program staff to produce certain kinds of results with the funds and other resources allocated to it.[3]

There is a wide range of individuals and groups in the community to which a center may be accountable. Some of these groups are:

- Users of mental health services: (including consultation and education)
  - individual clients
  - senior citizen associations
  - schools
  - youth organizations
  - law enforcement agencies
  - nursing homes

- Groups who refer clients:
  - human service organizations
  - medical doctors
  - clergy
  - courts
  - law enforcement agencies
  - schools
  - nursing homes
- Local funders:
  - city and county commissions
  - community agencies
- Public interest groups:
  - citizen advisory groups
  - mental health associations
  - service organizations
  - health councils
  - neighborhood associations
- Planning agencies:
  - regional planning councils
  - health systems agencies

The center administrator can use program evaluation information to explain to these groups what the center is doing, how much services cost and why the services are valuable to the community and should be supported. This information may be communicated in written reports, at public meetings, presentations to community groups and through the news media, depending on the audience and the issues involved. There are two kinds of program evaluation reports: regular, periodic reports and reports that respond to particular issues.

Regular, periodic reports on center activities may include:

- annual reports of the mental health center distributed to various groups in the community;
- reports made to local funding agencies at regularly scheduled budget sessions;
- reports to citizen advisory groups and other public interest groups.

These reports are often fiscally oriented, because they describe how the clients are served with the funds allocated to the center. But when additional information about the nature and impact of services on clients and the formal linkages with other groups that refer clients or provide ancillary services to clients is included, these reports can be very helpful in demonstrating the value of mental health services to the community and in winning support.

Periodic newsletters are also an effective way of communicating information about center activities, particularly when evaluation reports are included with information showing the value of a particular program or service to the community. For example, a newsletter may describe how services have helped a specific subgroup of clients and show how many of these people have been served with the available funds.

Reports that respond to a particular issue vary considerably in purpose and content. They are often directed toward different groups with different interests. Sometimes these reports require a special evaluation study to provide documentation of a specific aspect of the center's operations. The evaluation data must be translated into concise narratives, aggregate statistics and simple graphic displays that present the information in an easy-to-understand, accurate way to an audience that is relatively unfamiliar with the structure and operation of the mental health delivery system. Some of the ways that evaluation reports may be used are:

- supporting documentation for requests to local funding groups for increased allocations to maintain existing services or to begin new ones;
- enhancing the community's awareness of ongoing services or the need for new services for a particular subgroup of clients;
- encouraging referral linkages, regular consultations and educational programs for users of mental health services or groups who refer clients;
- providing information that will assist planning agencies in planning for and reviewing mental health program applications;
- responding to crisis situations when the center is under criticism from groups in the community.

Reports to the community can have a strong influence in informing interested groups and individuals in the community about a center's activities and can be helpful in gaining the support of these groups. The center's board and administrator should be sensitive to feedback from these groups, using their recommendations to provide clearer documentation of the expectations for mental health services in the community. Also, by encouraging feedback from these groups, the board and the administrator may discover potential resources available in the community, such as contract funds, volunteer workers, and in-kind contributions and services that will assist in providing mental health care to the community.

FOOTNOTES

1. Lund, Donald A. Program Evaluation: Where Do You Start? Unpublished paper presented to the Florida Mental Health Program Evaluation Training Workshop, Tampa, Florida, July 20, 1976.

2. Chapman, Robert L. The Design of Management Information Systems for Mental Health Organizations: A Primer. Series C, No. 13, Department of Health, Education, and Welfare Publication (ADM) 76-33, Rockville, Md. National Institute of Mental Health, 1976, p. 3.

3. MacMurray, Val. D.; Cater, Phyllis; Cunningham, Perry H.; Swenson, Norma; Bellin, Seymour S. Citizen Evaluation of Mental Health Services. New York, Human Science Press, 1976.